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CHAPTER 1

Safety

Goal: Provide a safe environment for the community, staff and clients.
Section 1.A.

Sanitation
Housekeeping
Physical Plant

Objective: The community, staff and clients are protected from injury and illness caused by the physical environment.
STANDARD:
Facilities shall have written policy, procedure and practice requiring that sanitation and safety inspections be conducted weekly. Policy shall include a process for the completion and review of sanitation and safety inspection checklists, as well as a corrective action process until deficiencies are corrected.

Completed inspection checklists, reports, and documentation of corrective action shall be retained for five (5) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Compliance with sanitation and health codes is vital for the safety and well-being of the clients. Written reports of inspections by state or local authorities should be kept on file as assurance of continuing compliance with these codes. In the event there are no local city and/or county codes, applicable state codes will prevail. In the event neither local nor state codes are applicable, appropriate national codes should be applied to the facility. In addition, and if applicable, Occupational Safety and Health Act (OSHA) standards can be applied.

REFERENCES:
4-ACRS-1A-02
STANDARD:
Facilities shall have written policy, procedure and practice requiring the facility to be clean and in good repair. A housekeeping and maintenance plan shall be in effect.

Completed inspection forms/reports, documentation of observations and actions taken, as well as verification of repairs by facility personnel and outside contractors shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Dirt or disrepair, such as large cracks in the plaster, holes in walls and ceilings, chipped and peeling paint, broken windows, or worn carpeting are not acceptable in any facility designated for community living.

REFERENCES:
4-ACRS-1A-06
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**CHAPTER:** Safety  
**STANDARD NO.:** CCRS-1A-3

**SECTION:** Sanitation, Housekeeping & Physical Plant

**SUBJECT:** Applicable Building Codes & Federal Laws

**CURRENT VERSION EFFECTIVE DATE:** 11-01-2019

**STANDARD:**  
Facilities shall have written policy, procedure and practice requiring the facility to conform to all applicable building codes and applicable federal laws. If the facility is not subject to local (city and/or county) building codes, state codes will be applicable.

Completed inspection reports, approvals, and licenses shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

**DEFINITIONS:**  
None

**DISCUSSION:**  
Often a state or local jurisdictions will license a residential facility, indicating the facility complies with all building codes. Letter or certificates of compliance are acceptable when a license renewal is not issued.

**REFERENCES:**  
4-ACRS-1A-09
STANDARD:
Facilities shall have written policy, procedure and practice requiring that clients have access to operable showers with temperature controlled hot and cold running water, at a minimum ratio of one shower for every twelve (12) clients. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of clients and promote hygienic practices. These ratios and temperatures shall apply unless national or state building or health codes specify a different ratio.

Completed inspection checklists and reports (including documentation of periodic testing of water temperature), facility logs, maintenance records, client complaints, interviews, and documentation of corrective action shall be retained for five (5) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Clients can use scalding showers as a weapon against, or punishment for, other clients. Accidental injury could occur when cold water is drawn in other areas, thereby unexpectedly elevating the hot water in showers to scalding temperatures. Water temperatures below 100 degrees Fahrenheit are uncomfortable and may deter an individual from pursuing good hygienic practices. The temperature controls should not preclude the use of water at higher temperatures, if needed, in other areas of the facility, such as kitchens.

REFERENCES:
4-ACRS-1A-12
Section 1.B.

Vehicles

Objective: Vehicles are maintained and operated in a manner that prevents harm to the community, staff, and clients.
| Community Corrections  
| Adult Residential Center  
| Standards  
| Kansas Department of Corrections  
| Division of  
| Community Corrections Services  

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| CURRENT VERSION EFFECTIVE DATE: | 11-01-2019 |

**STANDARD:**
Facilities shall have written policy, procedure and practice requiring an annual safety inspection of all vehicles be conducted by qualified individuals and in accordance with state statutes for any vehicle that is owned, leased or used in the operation of the facility. Policy, procedure and practice shall include, but not be limited to:

- the completion of vehicle inspection reports/checklists. Reports/checklists shall minimally include:
  - the vehicle’s VIN number
  - the date and time of the inspection
  - the name and affiliation of the person conducting the inspection

Completed vehicle inspection reports/checklists, maintenance records, reports of vehicle problems and requests for repair or maintenance shall be retained for the life of the vehicle.

If the relevant records are not retained onsite by the facility, the facility must be able to obtain copies upon the request of the Kansas Department of Corrections for the life of the vehicle, then transfer to subsequent owner or destroy as appropriate.

**DEFINITIONS:**

- **Qualified individual:** facility staff or outside inspector/contractor who is trained and/or certified in applicable skills, codes, and regulations. Documentation of training/certification must be retained in the individual’s personnel file.

- **Vehicle inspection report/checklist:** a report or checklist completed by facility staff or outside inspector/contractor, which evaluates the vehicle condition and maintenance needs.

**DISCUSSION:**
Safety repairs should be completed immediately and vehicles should not be used until safety repairs are made.

**REFERENCES:**
4-ACRS-1B-01
4-ACRS-1B-02
| Community Corrections  
| Adult Residential Center  
| Standards  
| Kansas Department of Corrections  
| Division of  
| Community Corrections Services  
| CHAPTER:  
| Safety  
| STANDARD NO.  
| CCRS-1B-2  
| SECTION:  
| Vehicles  
| PAGE:  
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| SUBJECT:  
| Licensed Drivers & Vehicle Insurance  
| CURRENT VERSION EFFECTIVE DATE: 11-01-2019  

**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that vehicles are operated by licensed drivers and insured in conformance with state statutes. Policy shall include, but not be limited to:
- verification of valid licensure at least yearly
- documentation of licensure and proof of insurance shall be retained on file

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
4-ACRS-1B-03
4-ACRS-1B-04
Section 1.C.

Emergencies
Fires
Toxic and Caustic Materials

Objective: The number and severity of emergencies are minimized. When emergencies occur, they are responded to appropriately to minimize severity.
STANDARD:
Facilities shall have written policy, procedure and practice requiring the definition and identification of serious/critical incidents and emergencies, the facility response to such incidents or emergencies, and that a debriefing be conducted after such incidents or emergencies occur.

DEFINITIONS:
Critical incident: any event or situation that threatens staff or clients in their community (criminal justice setting).

Serious Incident: a situation in which injury serious enough to warrant medical attention occurs involving a resident, employee, or visitor on the grounds of the facility. Also, a situation containing an imminent threat to the security of the facility and/or to the safety of the residents, employees, or visitors to the grounds of the facility.

Emergency: Any significant disruption of normal facility or agency procedure, policy, or activity caused by riot, escape, fire, natural disaster, employee action, or other serious incident.

DISCUSSION:
While debriefings should occur as soon as possible, some information may not be available until later. All staff impacted by a critical incident should be included in the debriefings and referred to appropriate services to mitigate the stress associated with these events. All critical incidents should be reviewed by the administration, security, and health services. A two-week follow-up debriefing should occur to review the validity and appropriateness of all policies, plans, and information used during the critical incident and immediately after.

REFERENCES:
4-ACRS-1C-01-1
STANDARD:
Facilities shall have written policy, procedure and practice requiring a written evacuation plan to be used in the event of a fire or major emergency. The plan is certified by an independent qualified agency or individual trained in the application of national fire safety codes. The plan is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. The plan shall include, but is not limited to, the following:

- the criteria under which evacuations will occur
- destination upon evacuation
- the criteria which would require clients being transported off site
- designate the mode of transportation if clients are transported off site
- location of building/room floor plan
- use of exit signs and directional arrows that are easily seen and read
- identify primary and secondary evacuation routes
- establish provisions for medical services and for special needs clients
- establish provisions for transportation for injured clients or staff
- identify re-entry procedures
- subsequent disposition and temporary housing of clients
- location of publicly posted plan
- at least quarterly drills in all facility locations, and on every shift, including administrative areas

The plan shall be reviewed annually by the local fire jurisdiction and the facility shall obtain documentation of such, as well as documentation of the credentials of the person or agency that provided approval of the plan.

DEFINITIONS:
Major emergency: An emergency that is life threatening, may not be contained by on-duty staff, and/or may require the assistance of off-duty staff or outside personnel.

DISCUSSION:
None

REFERENCES:
4-ACRS-1C-09
STANDARD:
Facilities shall have written policy, procedure and practice requiring the facility to have a fire protection alarm system and an automatic detection system. The policy shall include, but not be limited to, a detection and alarm testing schedule/plan.

Results of alarm/detection tests shall be retained for five (5) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Fire and/or smoke identification at the earliest possible moment is critical to fire control and firefighting, as well as to the evacuation of staff and clients, to preclude smoke inhalation and to preserve life and health.

REFERENCES:
4-ACRS-1C-13
STANDARD:
Facilities shall have written policy, procedure and practice requiring all flammable materials be handled and stored safely. The policy shall include, but not be limited to:

(a) Where smoking is permitted, provide noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout living quarters.
(b) Provide special containers for flammable liquids and for rags used with flammable liquids.
(c) Empty and clean all receptacles and containers daily.
(d) A process for routine inspection in order to verify compliance with a-c.

Completed inspection reports, approvals, and licenses shall be retained for five (5) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-1C-16
STANDARD:
Facilities shall have written policy, procedure and practice controlling the use, storage and inspection of all flammable, toxic and caustic materials.

Any completed inspection reports by facility staff or external authorities shall be retained for five (5) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITONS:
Toxic material: A substance that, through chemical reaction or mixture, can produce possible injury or harm to the body by entry through the skin, digestive tract, or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method, and site of absorption.

Caustic material: A substance capable of destroying or eating away by chemical reaction.

DISCUSSION:
None

REFERENCES:
4-ACRS-1C-17
CHAPTER 2

Security

Goal: Protect the community, staff and clients from harm.
Section 2.A.

Facility Access
Records
Weapons
Client Accountability

Objective: The community, staff and clients are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.
STANDARD:
Facilities shall have written policy, procedure and practice directing that access to and egress from the facility are controlled.

Completed facility logs shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
The means chosen to ensure controlled access should reflect the facility's needs based on size and the degree of security required.

REFERENCES:
4-ACRS-2A-01
STANDARD:
Facilities shall have written policy, procedure and practice requiring documentation of review, response, and follow-up of serious/critical incidents and emergencies. Policy shall include, but not be limited to immediate notification of incident or emergency to the Kansas Department of Corrections, and notice of follow up and corrective measures (if applicable) within five (5) working days of the incident or emergency.

Incident and emergency reports, interviews, and minutes from debriefings (see CCRS-1C-1) shall be retained for three (3) years. Copies of these documents will be made available to the Kansas Department of Corrections upon request.

DEFINITIONS:
*Critical incident*: any event or situation that threatens staff or clients in their community (criminal justice setting).

*Serious Incident*: a situation in which injury serious enough to warrant medical attention occurs involving a resident, employee, or visitor on the grounds of the facility. Also, a situation containing an imminent threat to the security of the facility and/or to the safety of the residents, employees, or visitors to the grounds of the facility.

*Emergency*: Any significant disruption of normal facility or agency procedure, policy, or activity caused by riot, escape, fire, natural disaster, employee action, or other serious incident.

DISCUSSION:
None

REFERENCES:
4-ACRS-2A-09
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| CURRENT VERSION EFFECTIVE DATE: | 11-01-2019 |

**STANDARD:**
Facilities shall have written policy, procedure and practice regarding possession and use of weapons.

Completed incident reports shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
4-ACRS-2A-10
STANDARD:
Facilities shall have written policy, procedure and practice requiring a system of accountability for clients assigned to work and educational release, furloughs, and other temporary absences from the facility. The policy shall include, but not be limited to:

- a system for physically counting clients
- conducting at least three (3) client counts daily
- requiring staff to monitor the movement of clients into and out of the facility

Completed documentation related to client counts and facility logs, which record client whereabouts and contacts with collateral sources, shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
The monitoring of client movement, particularly during the evening and night hours, enhances protection for clients, staff, and public. Therefore, periodic scrutiny of movement into and out of the facility is necessary.

REFERENCES:
4-ACRS-2A-11
STANDARD:
Facilities shall have written policy, procedure and practice requiring that absconders are detected, promptly reported, and timely notification shall be made to the jurisdiction and/or governing authority over the client and others as appropriate.

Completed facility logs and documentation of notification to the jurisdiction and/or governing authority shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-2A-12
Section 2.B.

Force

Objective: Physical force is used only in instances of self-protection, protection of the client or others, prevention of property damage, or prevention of escape or to maintain or regain control.
STANDARD:
Facilities shall have written policy, procedure and practice requiring that a written report is prepared following all uses of force and that all use of force incidents are investigated. Policy shall include, but not be limited to the following requirements:

- Use of force reports shall include, but not be limited to:
  - details of circumstances
  - individuals involved (witnesses included)
  - describe medical services provided
- Use of force reports shall be submitted to the facility administrator/designee for review.
- Written notification of incidents involving use of force shall be made to the Kansas Department of Corrections within five (5) working days of the incident.

Completed incident reports shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
It is important that records of all instances of use of force be maintained.

REFERENCES:
4-ACRS-2B-01
4-ACRS-2B-03
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**STANDARD:**
Open

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
None
Section 2.C.

Contraband

Objective: Contraband is minimized. It is detected when present in the facility.
**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that searches of the facility and clients are conducted to control contraband. Policy shall include, but not be limited to:

- who shall authorize searches
- who shall conduct searches
- the circumstances in which a search is required
- searches shall be conducted by trained personnel
- the facility search plan and procedures may include unannounced and irregularly timed searches of rooms and clients.
- predetermined random pattern search of clients shall be conducted as often as necessary to ensure the safety and security of the facility.
- searches of clients shall be conducted by staff of the same sex as the client being searched; however, staff should consider responsivity and client preference when searching transgender clients
- searches shall be conducted by staff in a professional manner.

Written policy shall be made available to all staff and clients during orientation and any time policy is revised.

Completed records regarding searches and search results shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

**DEFINITIONS:**

*Contraband*: Any item possessed by confined clients or found within the facility that is illegal by law or expressly prohibited by those legally charged with the administration and operation of the facility or program.

**DISCUSSION:**
Client searches shall not be conducted as a form of harassment or in a manner causing damage to property or the unnecessary use of force, embarrassment, or indignity to the client. Clients shall not be touched any more than is necessary to conduct a comprehensive search of the client’s person.
CHAPTER:
Security

STANDARD NO.
CCRS-2C-1

SECTION:
Contraband

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SUBJECT:
Searches to Control Contraband

CURRENT VERSION EFFECTIVE DATE: 11-01-2019

REFERENCES:
4-ACRS-2C-02
KDOC IMPP 12-103D
KDOC AISP Standard 3A-SER-110
**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that all physical evidence obtained in connection with a violation of law and/or facility regulation is preserved, controlled, and disposition made. At a minimum, policy shall address the following:

a) chain of custody  
b) evidence handling  
c) location & storage requirements  
d) staff training on a-c  
e) written notification to an affected client informing him or her of any item seized from the client’s living area and disposition of that item(s).

Documentation of staff training shall be retained in the employee’s personnel file.

Completed evidence records shall be retained for of three (3) years or until any resulting criminal action(s) have been resolved or statute of limitations has passed. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

**DEFINITIONS:**
None

**DISCUSSION:**
Strict accountability of physical evidence collected about a crime must be established to preserve the integrity of the disciplinary and/or legal process. Minor rule violations should be exempt from the procedural requirements of evidence control, preservation, and disposition.

**REFERENCES:**
4-ACRS-2C-03  
KDOC IMPP 12-103D
Section 2.D.

Keys
Tools
Sharps

Objective: Improper access to and use of keys, tools and utensils are minimized.
STANDARD:
Facilities shall have written policy, procedure and practice requiring a control plan(s) for keys, tools, sharps, and equipment. The control plan shall, at a minimum, address:

- access
- use
- storage.

Completed control documentation shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
Sharps: any object with sharp points or edges which could cause injury, cut or puncture the skin of an individual, e.g.: knives, razor blades, utensils, needles or syringes, etc.

DISCUSSION:
Tools, keys and utensils should be used in accordance with a prescribed system(s).

REFERENCES:
4-ACRS-2D-01
CHAPTER 3

Order

Goal: Maintain an orderly environment with clear expectations of behavior and systems of accountability.
Section 3.A.

Rules

Objective: Clients comply with rules and regulations.
STANDARD:
Facilities shall have written policy, procedure and practice requiring client rules and disciplinary regulations to describe violations, sanctions and penalties.

DEFINITIONS:
None

DISCUSSION:
The regulations should specify the range of penalties/sanctions that can be imposed for violations. Penalties should be proportionate to the importance of the rule and severity of the violation.

REFERENCES:
4-ACRS-3A-01
STANDARD:
Facilities shall have written policy, procedure and practice requiring that facility rules and regulations are reviewed at least annually and updated, if necessary. The agency shall maintain documentation of each review and/or update.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-3A-02
STANDARD:
Facilities shall have written policy, procedure and practice requiring that all program rules and regulations pertaining to clients are conspicuously posted in the facility and/or included in a handbook that is accessible to all clients and staff.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-3A-03
STANDARD:
Facilities shall have written policy, procedure and practice requiring that client orientations be completed within two (2) business days of admission. Orientation shall include, but not be limited to:

- the purpose of orientation
- guidelines, rules, and practices, including offender registration requirements
- policy for searching clients and facility
- process to request special diets
- process to access laundry facilities
- location(s) and contents of first aid kits and defibrillator
- services and related activities
- program violations
- disciplinary process
- internal sanctions/incentives
- fees associated with services
- grievance procedures
- health care complaint process
- access to case file
- expectations regarding confidentiality

Orientation materials will be provided within two (2) business days of admission. Materials will be translated into their language, if they do not understand English. These materials may also be provided electronically. When a literacy problem exists, staff will assist clients in understanding the material.

Documentation verifying receipt of these materials and completion of orientation shall be retained in the client’s case file and documented in the Kansas Department of Corrections’ case management system. Where orientation is not completed within two (2) business days, the reason(s) for delay shall be clearly documented in contact notes.

DEFINITIONS:
None
DISCUSSION:
Orientations should include informal classes, distribution of written materials about the facility's programs, rules and regulations, and discussions. Orientation also should be used to observe client behavior and to identify special problems.

REFERENCES:
4-ACRS-3A-05
KDOC AISP Standard 2A-PRO-100
KDOC AISP Standard 2A-PRO-101
### STANDARD:
Facilities shall have written policy, procedure, and practice governing how the completion of orientations will be documented; including but not limited to:
- A written checklist identifying the orientation topics covered.
- The checklist shall include the orientation completion date and client and staff signatures.

The completed checklist shall be retained in the client’s case file and documented in the Kansas Department of Corrections’ case management system.

### DEFINITIONS:
None

### DISCUSSION:
Staff is encouraged to allow time for the client to ask questions. Clients should receive information in writing whenever possible.

### REFERENCES:
KDOC AISP Standard 2A-PRO-102
CHAPTER 4

Care

Goal: Provide for the basic needs and personal care of clients.
Section 4.A.

Food Service

Objective: Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.
**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that if the facility prepares and/or serves food to clients, dietary allowances are reviewed at least annually by a qualified nutritionist, dietitian or physician to ensure they meet the nationally recommended allowances for basic nutrition for the types of clients housed in the facility.

Documentation of review by a nutritionist, dietician or physician shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
4-ACRS-4A-01
STANDARD:
Facilities shall have written policy, procedure and practice requiring the provision of therapeutic diets as prescribed by appropriate clinicians. Prescriptions for therapeutic diets shall be specific and complete, furnished in writing to the food service manager or contracted vendor, and reviewed annually, or more often as clinically indicated.

The format for clients to request special diets for medical purposes should be clearly outlined in orientation.

Completed food service records shall be retained for of three (3) years or until any resulting criminal action(s) have been resolved or statute of limitations has passed. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Therapeutic diets are prepared and served to clients according to the orders of the treating clinician, or as directed by the responsible health authority. Therapeutic diets should be kept as simple as possible and should conform as closely as possible to the foods served to other clients.

REFERENCES:
4-ACRS-4A-02
STANDARD:
Facilities shall have written policy, procedure and practice requiring that special diets be provided for clients whose religious beliefs require the adherence to religious dietary laws. Religious diet prescriptions shall be specific and complete, furnished in writing to the food service manager or contracted vendor, and reviewed monthly.

The format for clients to request special diets for religious purposes should be clearly outlined in orientation.

Completed food service records shall be retained for of three (3) years or until any resulting criminal action(s) have been resolved or statute of limitations has passed. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:

REFERENCES:
4-ACRS-4A-03
STANDARD:
Facilities shall have written policy, procedure and practice regarding food services which provide for the following:

- weekly inspection of all food service areas, including dining and food preparation areas and equipment
- sanitary, temperature-controlled storage facilities for all foods
- daily checks of refrigerator and water temperatures
- documentation of any deficiencies noted
- a corrective action process to remedy deficiencies

Completed inspection forms and reports as well as documentation of corrective action shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
Appropriate space and equipment should be available for the proper storage and refrigeration of food supplies. Dry food supplies are stored in clean, dry, ventilated room not subject to wastewater backflow or other contamination. The American Dietary Association recommends storage temperatures for freezers to be -10 degrees to 0 degrees Fahrenheit, and refrigerated storage at 32 degrees to 36 degrees Fahrenheit.

REFERENCES:
4-ACRS-4A-07
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<tr>
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<tr>
<td>Food Service Practices</td>
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| CURRENT VERSION EFFECTIVE DATE: | 11-01-2019 |

**STANDARD:**
Facilities shall have written policy, procedure and practice requiring all staff, contractors and client workers who work in the food services department are trained in the use of food service equipment and in the safety procedures to be followed in the food service department.

Documentation of training shall be retained in employee and client files.

**DEFINITIONS:**
None

**DISCUSSION:**
All sanitation codes are to be strictly followed to ensure the health and welfare of the clients. Local or state health regulations usually require some type of medical examination and certification for people preparing food.

**REFERENCES:**
4-ACRS-4A-04-1
Section 4.B.

Hygiene

Objective: Clients maintain acceptable personal hygiene practice.
STANDARD:
Facilities shall have written policy, procedure and practice requiring that articles necessary for maintaining proper personal hygiene are provided and readily available to clients. Articles include at least the following:

- soap
- shampoo
- toothbrush, toothpaste or powder
- comb
- toilet paper
- special hygiene items for female clients

DEFINITIONS:
None

DISCUSSION:
Hygiene items should be available as approved by the facility administrator. Clients are not precluded from purchasing and/or providing their own hygiene items.

REFERENCES:
4-ACRS-4B-01
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<td>Access to Laundry Facilities</td>
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**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that clients have access to laundry facilities. The process to access laundry facilities shall be identified in orientation.

**DEFINITIONS:**
None

**DISCUSSION:**
The facility may provide access to a self-service wash facility, central clothing exchange, or access community facilities.

**REFERENCES:**
4-ACRS-4B-02
## STANDARD:
Facilities shall have written policy, procedure and practice requiring that clients have access to the following facilities and conditions:
- sanitation facilities, including access to toilets for use without staff assistance 24 hours a day
- a washbasin with hot and cold running water
- a bed and adequate storage space for clothes and personal belongings
- temperatures that are appropriate to existing weather conditions

## DEFINITIONS:
None

## DISCUSSION:
None

## REFERENCES:
4-ACRS-4B-03
STANDARD:
Facilities shall have written policy, procedure and practice requiring that clients are issued clean bedding and linen, including two (2) sheets, a pillow and pillowcase, one (1) mattress, and sufficient blankets to provide comfort under existing temperature controls. There is provision for linen exchange, including towels, at least weekly.

Linen exchange records should be maintained and be made available to KDOC upon request.

DEFINITIONS:
None

DISCUSSION:
Bedding should be cleaned before reissue.

REFERENCES:
4-ACRS-4B-04
Section 4.C.

Access to Care
Emergency Care
Health Screening and Examinations
Serious and Infectious Diseases
Medications
Female Clients
Mental Health Services
Suicide Prevention
Informed Consent
Health Records

Objective: Clients maintain good health.
STANDARD:
Facilities shall have written policy, procedure and practice requiring that clients have unimpeded access to health care and to a system for processing complaints regarding health care. The process for filing a complaint shall be described in orientation.

Records of client complaints and the facility’s response shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-4C-01
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<tr>
<td>Designated Health Authority Responsible for Health Care</td>
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**STANDARD:**
Facilities shall have written policy, procedure and practice requiring the facility to have a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency.

**DEFINITIONS:**
*Health authority:* The physician, health administrator, or agency responsible for the provision of health care services at an institution or system of institutions; the responsible physician may be the health authority.

**DISCUSSION:**
The responsibility of the health authority includes arranging for and ensuring that clients have access to health care.

**REFERENCES:**
4-ACRS-4C-02
STANDARD:
Facilities shall have written policy, procedure and practice requiring that 24-hour emergency medical, dental, and mental health care is available for clients, which includes arrangements for the following:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the client from the facility
- use of an emergency medical vehicle
- use of one or more designated hospital emergency rooms or other appropriate health facilities
- emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- security procedures providing for the immediate transfer of clients, when appropriate

DEFINITIONS:
None

DISCUSSION:
Arrangements or contracts should be made with nearby hospitals or other facilities for all health services that cannot be appropriately provided within the facility. In the event the usual health services are not available, particularly in emergencies; the facility should have a back-up plan that includes an alternate hospital emergency service or a physician "on call" service.

REFERENCES:
4-ACRS-4C-03
STANDARD:
Facilities shall have written policy, procedure and practice requiring a training program for health care staff and other personnel is established by a recognized health authority in cooperation with the facility administrator that includes the following:

- signs, symptoms, and action required in potential emergency situations
- administration of first aid, cardiopulmonary resuscitation (CPR), and use of external defibrillator
- signs and symptoms of mental illness, developmental disability, and chemical dependency
- methods of obtaining assistance, including but not limited to the procedure for patient transfers to appropriate medical facilities and/or referral to health care providers

Documentation of staff training shall be retained in the employee’s personnel file.

DEFINITIONS:
Health authority: The physician, health administrator, or agency responsible for the provision of health care services at an institution or system of institutions; the responsible physician may be the health authority.

DISCUSSION:
It is important for staff to recognize the signs of medical and mental illness and to assist clients in obtaining follow up care.

REFERENCES:
4-ACRS-4C-04
STANDARD:
Facilities shall have written policy, procedure and practice requiring that first aid kits are available in
designated areas of the facility. Policy shall include, but not be limited to:
- The health care authority approves contents and locations.
- An automatic external defibrillator shall be available for use at the facility.
- The location and contents of the first aid kits and defibrillator shall be provided to staff.
- The location and contents of the first aid kits and defibrillator shall be noted in the client
  orientation materials.
- Documentation regarding the availability of equipment and supplies shall be made available to
  KDOC upon request.

DEFINITIONS:
*Health authority:* the physician, health administrator, or agency responsible for the provision of health
care services at an institution or system of institutions; the responsible physician may be the health
authority.

DISCUSSION:
The designated health authority in conjunction with the facility administrator determines the availability
and placement of first aid kits.

REFERENCES:
4-ACRS-4C-05
STANDARD:
Facilities shall have written policy, procedure and practice requiring that medical, dental and mental health screening be performed by health-trained or qualified health care personnel on all clients upon arrival at the facility. The screening minimally includes inquiry into:

- current illness and health problems, including venereal diseases and other infectious diseases
- dental problems
- mental health problems including suicide attempts or ideation
- use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g. convulsions)
- other health problems designated by the responsible physician, and observation of:
  - behavior, which include state of conscious, mental status, appearances, conduct, tremor and sweating
  - body deformities, ease of movement; and
  - condition of skin, including trauma markings, bruises, lesions, jaundice rashes and infestations, and needle marks or other indications of drug abuse

Completed screenings shall be documented in the client’s case file and all medical records retained in accordance with HIPAA requirements.

Staff training records or documentation of professional credentials shall be retained in the employee’s personnel file. If screenings are performed by a contracted provider, the facility shall retain documentation of the contractor’s professional credentials.

DEFINITIONS:
None

DISCUSSION:
The purpose of the screening is to determine if the client has any disease, illness, or condition that precludes admission.

REFERENCES:
4-ACRS-4C-06
STANDARD:
Facilities shall have written policy, procedure and practice requiring that medical examinations are conducted for any employee or client suspected of having a communicable disease.

Examinations completed shall be documented in client case files or personnel records and all medical records retained in accordance with HIPAA requirements.

DEFINITIONS:
None

DISCUSSION:
Examination results must be made available quickly to ensure prompt and proper treatment.

REFERENCES:
4-ACRS-4C-08
STANDARD:
Facilities shall have written policy, procedure and practice providing for the management of serious and infectious diseases. Agencies shall work with a recognized health authority in establishing policy and procedure which includes the following:

- an ongoing education program for staff and clients
- control, treatment, and prevention strategies which shall include:
  - screening and testing
  - special supervision and/or housing arrangements as appropriate
  - protection of individual confidentiality
  - media relations

DEFINITIONS:
Health authority: The physician, health administrator, or agency responsible for the provision of health care services at an institution or system of institutions; the responsible physician may be the health authority.

DISCUSSION:
Because of their serious nature, methods of transmission, and public sensitivity, infectious diseases such as tuberculosis, hepatitis-B, and AIDS (acquired immunodeficiency syndrome) require special attention.

REFERENCES:
4-ACRS-4C-09
STANDARD:
Facilities shall have written policy, procedure and practice directing the actions to be taken by staff concerning clients who have been diagnosed with an infectious disease, minimally:
- appropriate safeguards for staff and client
- when and under what conditions clients are to be separated
- staff and client training procedures
- issues of confidentiality
- counseling support services

Documentation regarding training and any medical records shall be retained in the client’s case file in accordance with HIPAA requirements.

Staff training records shall be retained in the employee’s personnel file.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-4C-10
### STANDARD:
Facilities shall have written policy, procedure and practice directing the possession and use of controlled substances, prescribed medications, supplies, and over-the-counter drugs. Policy shall include, but not be limited to:

- Prescribed medications shall be administered according to the directions of the prescribing physician.

### DEFINITIONS:
None

### DISCUSSION:
None

### REFERENCES:
4-ACRS-4C-12
STANDARD:
Facilities shall have written policy, procedure and practice requiring that access to pregnancy management and other gender-specific health care needs of women shall be made available to female clients.

DEFINITIONS:
None

DISCUSSION:
This may include a directory of available and affordable resources.

REFERENCES:
4-ACRS-4C-14
STANDARD:
Facilities shall have written policy, procedure and practice requiring that access to mental health services is made available to clients. Referral for services shall be to those qualified mental health professionals who meet the educational and license/certification criteria specified by their respective professional discipline.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-4C-15
STANDARD:
Facilities shall have written policy, procedure and practice requiring that written suicide prevention and intervention services are reviewed and approved by qualified medical or mental health professionals. All staff with client supervision responsibilities are trained in the implementation of the suicide prevention service.

Staff training records shall be retained in the employee’s personnel file.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-4C-16
STANDARD:
Facilities shall have policy, procedure and practice requiring that if the facility provides medical treatment, clients will make medical decisions with informed consent. All informed consent standards in the jurisdiction are observed and documented for client care. Copies of signed consent forms shall be retained in the client’s file and documented in the Kansas Department of Corrections’ case management system.

DEFINITIONS:
None

DISCUSSION:
The facility’s policy regarding informed consent should be developed based on the written opinion of knowledgeable, legal counsel. The policy should take into account informed versus implied consent.

REFERENCES:
4-ACRS-4C-19
| Community Corrections  
| Adult Residential Center  
| Standards  
| Kansas Department of Corrections  
| Division of  
| Community Corrections Services  
| CHAPTER:  
| Care  
| STANDARD NO.  
| CCRS-4C-13  
| SECTION:  
| Health Records  
| SUBJECT:  
| Maintenance and Confidentiality of Client Health Records  
| CURRENT VERSION EFFECTIVE DATE:  
| 11-01-2019  

**STANDARD:**
Facilities shall have written policy, procedure and practice requiring that if medical treatment is provided by the facility, accurate health records for clients be maintained in compliance with HIPAA.

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
4-ACRS-4C-22
STANDARD:
Facilities shall have written policy, procedure and practice requiring that when medical treatment is
provided by the facility and clients are being transferred to other facilities, summaries or copies of the
medical history record are forwarded to the receiving facility prior to or at arrival. Documentation
regarding the forwarding of such records shall be made in the Kansas Department of Correction’s case
management system.

DEFINITIONS:
None

DISCUSSION:
Because the receiving facility has responsibility for medical care of new arrivals, it is imperative that it
receives all available medical information as soon as possible. Written authorization of the client is not
required for the transfer of this information. This will reduce duplication of screening procedure, assure
continuity in treatment, and reduce the need for segregation until existence of contagious diseases can be
determined.

REFERENCES:
4-ACRS-4C-24
CHAPTER 5

Program Activity

Goal: Enhance client competencies related to a successful transition to the community.
Section 5.A.

Specialized Programming/Interventions
Community Resources
Transition Assistance
Family and Community
Employment
Recreation and Leisure Time Activities
Religion
Physical Plant

Objective: Enhance client competencies related to a successful transition to the community.
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<td>Kansas Department of Corrections Division of Community Corrections Services</td>
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**CHAPTER:**
Program Activity

**STANDARD NO.**
CCRS-5A-1

**SECTION:**
Specialized Programming/Interventions

**SUBJECT:**
Risk/Needs Assessment

**CURRENT VERSION EFFECTIVE DATE:** 11-01-2019

**STANDARD:**
Facilities shall have written policy, procedure, and practice requiring that an assessment tool, approved by the Kansas Department of Corrections, be used to determine a client’s risks/needs and the minimum frequency of supervision contacts. The assessment tool shall be scored and documented in accordance with instructions approved by the Kansas Department of Corrections. Assessment documentation must be included in the Kansas Department of Corrections’ case management system and support the score. Policy shall include, but not be limited to:

- Reassessment shall be completed within fourteen (14) days of admission.
- If the client is admitted as high risk (Level I), a reassessment is not required until the next regularly scheduled reassessment date.
- Subsequent reassessments shall be completed every twelve (12) months unless there is a DRAMATIC negative behavior change or new information is obtained that would change their supervision level.
- When clients discharge from probation supervision while in the facility, staff shall complete a discharge assessment on all clients except in the following situations:
  - The discharge is successful and a risk/needs assessment has been completed in the past six (6) months,
  - If the discharge is unsuccessful closed by court or revoked and ordered to serve an underlying sentence and an assessment has been completed in the past sixty (60) calendar days;
  - If a client dies;
  - For interstate compact cases
- The outcome of each assessment shall be discussed with the client and other staff as appropriate.

If a discharge assessment is not completed in compliance with this standard, the reason for such shall be documented in the client’s case file and in the Kansas Department of Corrections’ case management database.

**DEFINITIONS:**

*Dramatic Change:* Includes behavior or circumstances that may impact a client’s risk level in a negative or positive way to such degree that warrants a reassessment of risk. Some examples of this are sustained employment or loss of employment, relapse or increased periods of abstinence, change in residence, change in family circumstances, change in criminal history, or the completion of case plan goals.
DISCUSSION:
Regular reviews should be consistent with complexity of the client's program and the length of stay in the facility.

REFERENCES:
4-ACRS-5A-01
4-ACRS-5A-05
KDOC AISP Standard 2A-PRO-105
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<td>Reassessment to Measure Progress Every Six Months</td>
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CURRENT VERSION EFFECTIVE DATE: 11-01-2019

**STANDARD:**
Open

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
None
STANDARD:
Agencies shall have written policy, procedure, and practice requiring staff to develop an individualized supervision/case plan with each client within twenty-one (21) calendar days of admission.

Case plans shall be reviewed at each office contact with thorough documentation of progress or changes.

Plans shall include:
- Goals
- Client action steps
- Progress Notes
- Staff signature, client signature, and current date

Clients shall be provided a copy of each case plan developed and/or updated during their supervision period.

If a case plan is not completed within twenty-one (21) calendar days, the reason(s) for delay shall be clearly documented in the Kansas Department of Corrections’ case management database.

DEFINITIONS:
None
DISCUSSION:
The case plan shall be written in such a manner that it serves as a map or guide for the supervision process, and it shall be based on the domain needs noted by the risk/needs assessment. A client shall be actively involved in the development of his/her plan and not a mere recipient of the plan. Case plans should be behaviorally focused to reduce risk in identified areas or to reinforce and strengthen prosocial factors. Keep in mind that the plan should be structured, prioritizing the “Big Four” crime producing needs (Attitudes and Orientation, Companions, Emotional/Personal, and Criminal History) unless responsivity factors are not stable, in which case, stabilization goals should be the priority.

Effective Program Sequence:

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<tr>
<th>Responsivity Factors</th>
<th>Immediate Criminogenic Needs</th>
<th>Maintenance Criminogenic Needs</th>
<th>Restorative Factors</th>
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<td>Stable Housing</td>
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National Institute of Corrections: Improving Public Safety Through Effective Community Reintegration Practices

REFERENCES:
4-ACRS-5A-03
KDOC AISP Standard 2A-PRO-103
<table>
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<th>Community Corrections</th>
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<td>Adult Residential Center Standards</td>
<td>CCRS-5A-4</td>
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<td>Kansas Department of Corrections Division of Community Corrections Services</td>
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**CHAPTER:** Program Activity

**SECTION:** Specialized Programming/Interventions

**SUBJECT:** Changes to Case Plan

**CURRENT VERSION EFFECTIVE DATE:** 11-01-2019

**STANDARD:**
Open

**DEFINITIONS:**
None

**DISCUSSION:**
None

**REFERENCES:**
None
STANDARD:
Facilities shall have written policy, procedure and practice requiring each client to be assigned a facility staff member for case management. To ensure that each client receives adequate, as well as continuing services consistent with his/her case plan, the case manager shall meet with the client as necessary, but no less than once per month.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-5A-07
STANDARD:
Facilities shall have written policy, procedure and practice regarding the following aspects of specialized programming, including but not limited to:

Referral
- criteria for program referral, placement, duration and discharge/termination
- criteria should be established in accordance with the Risk, Need, Responsivity, Dosage and Treatment principles

Orientation
- rules governing conduct
- program goals and purpose
- guidelines and practices
- available services
- internal sanctions/violations
- fees associated with services
- termination criteria
- completion of orientation shall be documented in the client’s case file

Documentation
- The client’s program referral, placement, progress, and discharge shall be documented in the client’s case file.

DEFINITIONS:
Specialized programming: Client programming which includes in-house groups, classes and/or cognitive behavioral programming as well as referrals to outside resources within the community.

Risk Principle: prioritize supervision and treatment resources for higher risk clients.

Need Principle: target interventions to criminogenic needs.

Responsivity Principle: be responsive to temperament, learning style, motivation, culture and gender when assigning programs.

Dosage: structure 40-70% of high-risk clients’ time for 3-9 months.

Treatment Principle: integrate treatment into the full sentence/sanction requirements.
DISCUSSION:

The criteria must identify the target population, the selection process, and under what conditions a client may be appropriate for placement, including prioritization.

Each client should receive feedback pertaining to his/her progress on a regular basis. Recorded attendance shall be documented in client’s case file.

REFERENCES:
4-ACRS-5A-08
KDOC AISP Standard 2B-PRO-201
KDOC AISP Standard 2B-PRO-202
KDOC AISP Standard 2B-PRO-203
STANDARD:
Facilities shall have written policy, procedure and practice regarding drug/alcohol testing. Policy shall include, but not be limited to:

**Authorization for testing**
- governing the selection and frequency of testing

**Selection of methodologies**
- confirmation requirements for testing based on current state statute(s), regulations, and court decisions

**Testing protocols**
- designation of collection, testing and storage sites
- universal precautions are taken during all stages of testing operations, including:
  - use of rubber gloves during the handling of specimens
  - no eating or drinking in the collections or testing area
  - no refrigeration of food where chemical and specimens are stored
  - wash hands following testing operations
- instructions for testing are made available to staff
  - receipt of instructions shall be documented and placed in each staff member’s personnel file or instructions shall be posted in the collection area
- requiring continuous observation of all specimens during collections including contingency for any deviations that may become necessary
- collection of urine specimens be observed by staff of the same sex as the client; however, staff should consider responsivity and client preference when collection specimens from transgender clients.
- all tests results be documented in the Kansas Department of Corrections’ case management database
- requiring verification when a client is undergoing medical treatment that requires drug therapy. Verification shall be documented in compliance with HIPAA
- requiring that a Chain of Custody form is maintained when a urine sample is being submitted to the laboratory or when confirmation of an on-site test is being requested.

**DEFINITIONS:**
None
**DISCUSSION:**
Drug/alcohol testing can be unscheduled or based on “reasonable suspicion.” Staff should be allowed to test when, in their professional opinion, it is in the best interest of the client, the agency, and public safety to do so. Staff should explore a client’s past and current history of use, treatment history, and information received from collateral sources.

Storage sites should be secured when staff is not present.

Established procedures help to ensure validity and maintain the integrity of the evidence for future proceedings.

Unless the integrity of the specimen collected is protected, the results of the test may be misleading. The collection process should not be unnecessarily intrusive. However, it is crucial that steps are taken to ensure that the client provides an unadulterated specimen. It is recommended that clients not be allowed to take jackets, purses and other hand-held items into the collections area or testing area.

Verification of medical treatment may consist of viewing medical documentation provided by the client.

**REFERENCES:**
4-ACRS-5A-09
KDOC AISP Standard 3A-SER-103
KDOC AISP Standard 3A-SER-105 through 3A-SER-110
KDOC AISP Standard 3A-SER-112 through 3A-SER-114
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<tr>
<td>Staff Makes Direct Referrals to Resources</td>
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**STANDARD:**
Facilities shall have written policy, procedure and practice directing staff referrals to community resources and/or use resources that have agreements/contracts signed with the agency.

**DEFINITIONS:**
None

**DISCUSSION:**
Clients frequently require assistance in obtaining housing, transportation, medical or dental services, psychological counseling, religious services, etc. They may need assistance in such fundamental areas as cashing checks, obtaining vital documents. Community resources provide clients with the services that help to address criminogenic needs.

**REFERENCES:**
4-ACRS-5A-11
STANDARD:
Facilities shall have written policy, procedure and practice to develop a transition plan with the client at least thirty (30) days before the anticipated departure date, and modified as circumstances change. At a minimum, policy shall address:

- Staff shall collaborate with the receiving supervision entity, resource providers, family/employers and other support persons to ensure a timely response to important transition issues.
- Initial appointments with the receiving supervision entity and treatment providers are set before the client leaves.
- Staff efforts and outcomes are documented.

Transition issues include, but are not limited to:

- housing
- employment
- clothing
- transportation assistance
- food
- affordable child care
- referrals for spiritual support (upon request)

DEFINITIONS:
None

DISCUSSION:
Frequent discussion with the receiving supervision entity is important. Public safety and client accountability is enhanced when residential and community supervision staff works together with the client. Family and community support systems are equally important.

If the facility desires, a Re-Entry Program for clients who demonstrate a need for additional residential structure may be beneficial if included in the transition process.

REFERENCES:
4-ACRS-5A-13
STANDARD:
Open

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
None
STANDARD:
Facilities shall have written policy, procedure and practice requiring the completion of a termination report upon the client’s completion of the program. The report shall summarize the client’s performance and a copy will be placed in the client’s case record. The report shall include, at a minimum:

- a summary of participation in program activities
- special needs and/or unusual occurrences
- referrals to community resource(s) that affected the outcome of program participation
- summary statement of the client’s overall participation
- recommendations

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-5A-15
STANDARD:
Facilities shall have policy, procedure and practice regarding visitation. This shall include, at a minimum:

- Provisions for approved visits and special visit(s) for unanticipated situations.
- Denial of any visitor is documented in writing, with a copy provided to the client and maintained in the client case file.
- If a visitor is permanently denied access to the facility, such as through a court order, the reasons for exclusion should be specified in a written report, copies of which are kept on file and given to the client involved, if requested.

DEFINITIONS:
Special visits: may include visits from persons who have come long distances, visits to hospitalized clients, and visits between clients and their attorneys, clergy, social service agency representatives, and others.

DISCUSSION:
The ultimate objective of the community residential program should be reintegration into community life, including the strengthening of relationships with relatives, friends, and employers. This process should begin immediately after admission to the program and be maintained until the time of release. Graduated release, emphasizing decreasing levels of supervision and increasing levels of individual responsibility on the part of the client, is an essential element of the program.

REFERENCES:
4-ACRS-5A-16
4-ACRS-5A-17
4-ACRS-5A-18
STANDARD:
Facilities shall have written policy, procedure and practice regarding client access to telephones. Policy shall include, but not be limited to:

- Clients with hearing and/or speech disabilities, and clients who wish to communicate with parties who have such disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.
- Public telephones with volume control also shall be made available to clients with hearing impairments.
- Clients should be permitted reasonable access to a telephone to make both personal and program-related calls. This may be a pay phone.
- Written policy specifies the hours of telephone availability and any limitations on telephone calls.
- Access to reasonably priced telephone services shall be provided. Agencies shall ensure:
  - Contracts involving telephone services for clients comply with all applicable state and federal regulations.
  - Contracts are based on rates and surcharges that are commensurate with those charged to the general public for like services. Any deviation from ordinary consumer rates reflects actual costs associated with the provision of services in a correctional setting.
  - Contracts for client telephone services provide the broadest range of calling options determined by the agency administrator to be consistent with the requirements of sound correctional management.

DEFINITIONS:
None

DISCUSSION:
When procuring and renewing telephone services, correctional officials should inquire into the reasons for proposed deviations from standard charges and seek the best possible rates for the broadest possible range of calling options.

REFERENCES:
4-ACRS-5A-19
4-ACRS-5A-19-1
<table>
<thead>
<tr>
<th>Standard</th>
<th>Facility resources or referrals to community resources are made to help clients obtain employment.</th>
</tr>
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<tbody>
<tr>
<td>Definitions</td>
<td>None</td>
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<tr>
<td>Discussion</td>
<td>Employment for clients can be a crucial factor in the successful completion of their program and success in the community. Staff should maintain close liaison with its state department of employment, keep abreast of the changing labor market, and ensure that eligible clients obtain job placement assistance.</td>
</tr>
<tr>
<td>References</td>
<td>4-ACRS-5A-20</td>
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</table>
STANDARD:
Open

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
None
STANDARD:
Recreation and leisure time activities are available to meet the needs of clients.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-5A-21
STANDARD:
All clients have the opportunity to practice their faith.

DEFINITIONS:
None

DISCUSSION:
A directory of all faiths in the community area is available and updated as changes occur.

REFERENCES:
4-ACRS-5A-22
STANDARD:
Areas are provided for visiting, recreation and leisure time activities. Recreation and leisure activities accommodate the interest and ability of both genders. There is a schedule of all activities.

DEFINITIONS:
None

DISCUSSION:
An important part of the residential program is providing for relatives and friends to visit the clients at the facility. In addition, there should be space for indoor leisure-time activities, such as television, games, reading, and studying.

REFERENCES:
4-ACRS-5A-23
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<tr>
<td>Counseling and Meeting Areas</td>
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</table>

**STANDARD:**
Space is readily accessible for private counseling sessions and interviews/meetings.

**DEFINITIONS:**
None

**DISCUSSION:**
Each facility must have adequately furnished space available to conduct private interviews and counseling sessions. A room(s) of sufficient size to accommodate group meetings is a necessity. The room(s) should be pleasantly and comfortably furnished.

**REFERENCES:**
4-ACRS-5A-24
4-ACRS-5A-25
CHAPTER 6

Justice

Goal: Treat clients fairly and respect their legal rights. Provide services that hold clients accountable for their actions, and encourage them to make restitution to their victims and the community.
Section 6.A.

Client Rights

Objective: Clients’ rights are not violated.
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**STANDARD:**
Clients have access to counsel and confidential contact with attorneys and their authorized representatives. Contact includes, but is not limited to:
- telephone communications
- uncensored correspondence
- visits

**DEFINITIONS:**
None

**DISCUSSION:**
Clients are allowed to make confidential contact with attorneys and their authorized representatives (law students, special investigators, lay counsel, or other persons who have a legitimate connection with the legal issue being pursued.) Provision should be made for visits of these individuals during normal facility hours, uncensored correspondence, telephone communications, and after -hour visits requested because of special circumstances.

**REFERENCES:**
4-ACRS-6A-01
STANDARD:
Clients are not subjected to corporal or unusual punishment, humiliation, mental abuse, sexual
assault/harassment, or punitive interference with the daily functions of living, such as eating or sleeping.

DEFINITIONS:
None

DISCUSSION:
Any sanctions that may adversely affect a client's health, physical, or psychological well-being are
expressly prohibited. Corporal punishment and psychological intimidation should never be practiced.

REFERENCES:
4-ACRS-6A-03
STANDARD:
Facilities shall have written policy, procedure and practice regarding clients with disabilities which shall include the following:

1) Clients are housed in a manner that provides for their safety and security. Housing provides for integration with other clients, and programs and services are accessible.
2) Appropriately trained individuals will be provided to assist clients who cannot otherwise perform basic life functions.
3) Education, equipment, and facilities, and the support necessary for clients to perform self-care and personal hygiene in a reasonably private environment will be provided.

DEFINITIONS:
None

DISCUSSION:
Housing includes, but is not limited to, sleeping areas, furnishings, dayrooms, toilets, washbasins, showers/bath facilities, and other common elements. Program and service areas includes, but not limited to counseling space, meeting rooms, dining rooms, telephone facilities, admission and intake areas, and administrative areas where appropriate.

REFERENCES:
4-ACRS-6A-04
### STANDARD:
Provisions are made for indigent clients, as defined in policy; to receive a specified postage allowance to maintain community ties.

### DEFINITIONS:
None

### DISCUSSION:
Clients without financial resources should have a means to mail a reasonable number of letters per month.

### REFERENCES:
4-ACRS-6A-06
STANDARD:
Clients’ mail, incoming and outgoing, may be opened and inspected for contraband. Mail may be read or rejected based on the facility’s interests of order and security. The client is notified when incoming mail is returned or outgoing mail is withheld.

DEFINITIONS:
Contraband: Any item possessed by confined clients or found within the facility that is illegal by law or expressly prohibited by those legally charged with the administration and operation of the facility or program.

DISCUSSION:
Clients should be permitted uncensored correspondence, if it poses no threat to the safety and security of the facility, public officials, or the public, and is not being used in the furtherance of illegal activities. Case law has defined legal limits. When mail is censored or rejected, the author must be notified of the reason for the action and provided with an opportunity to appeal that decision.

REFERENCES:
4-ACRS-6A-08
STANDARD:
Facilities shall have written policy, procedure and practice defining admission criteria and practices. This shall include, but not be limited to:

- type of information to be gathered on all applicants before admission
- criteria for acceptance
- procedures to be followed when accepting or denying referrals

Each client’s file shall contain documentation of legal authorization for placement. For any client denied admission, documentation of denial including the reason for denial shall be retained in the client’s case file and documented in the Kansas Department of Corrections’ case management database.

DEFINITIONS:
None

DISCUSSION:
None

REFERENCES:
4-ACRS-6A-10
4-ACRS-6A-11
STANDARD:
Facilities shall have written policy, procedure and practice defining release practices.

DEFINITIONS:
None

DISCUSSION:
The release process should ensure that all matters relating to the facility are completed. If released to another agency or facility, everyone involved should understand what is to occur with respect to timing, the forwarding of records and responsibility for completing the transfer.

REFERENCES:
4-ACRS-6A-13
STANDARD:
Facilities shall have written policy, procedure and practice requiring that staff and clients have access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by clients with physical and/or mental impairments, programs designed to educate and assist disabled clients, and all legal requirements for the protection of clients with disabilities.

DEFINITIONS:
None

DISCUSSION:
An appropriately trained and qualified individual, as used in this standard, is one who has been designated by the facility administrator or designee, to coordinate efforts to comply with and carry out responsibilities defined by the Americans with Disabilities Act. That individual should develop relationships with, and use the expertise of institutional staff, advocacy groups, nonprofit organizations, agencies of government, and others who have relevant knowledge and experience.

REFERENCES:
4-ACRS-6A-01-1
STANDARD:
Facilities shall have written policy, procedure and practice regarding a grievance procedure that includes, but is not limited to the following criteria:

- At least one level of appeal is available to all clients.
- The grievance procedure is evaluated at least annually to determine its efficiency and effectiveness.
- The quantity and nature of client grievances are aggregated and analyzed annually.

The grievance procedure shall be provided during orientation.

Records of grievances shall be retained for three (3) years. Copies shall be provided to the Kansas Department of Corrections upon request.

Retention of electronic copies in lieu of hard copies is acceptable where applicable, provided the electronic copy is an actual representation of the completed hard copy, including any signatures that may be required.

DEFINITIONS:
None

DISCUSSION:
A grievance procedure is an administrative means for the expression and resolution of client problems. Analysis of grievances allows the facility to identify problem areas and to take corrective action in order to prevent grievances.

REFERENCES:
4-ACRS-6B-03
Section 6.B.

Open

Objective: Open
Section 6.C.

Rule Violations

Objective: Alleged rule violations are handled in a manner that provides clients with appropriate procedural safeguards.
STANDARD:
The facility’s disciplinary process is defined and provides appropriate procedural safeguards, to include:

- report of incident and charge
- notice of disciplinary hearing
- time to prepare for hearing
- timely hearing
- assistance needed
- opportunity to present evidence
- fair decision
- written notice of decision
- opportunity to appeal

The disciplinary process shall be described in orientation materials.

The notice, outcome or any documentation of appeals shall be retained in the client’s case file and documented in the Kansas Department of Corrections’ case management system.

DEFINITIONS:
None

DISCUSSION:
Processes and procedures should be reviewed annually to ensure compliance with any relevant court rulings.

REFERENCES:
4-ACRS-6C-03
STANDARD:
A client charged with a rule violation receives a written statement of the alleged violation(s), including a description of the incident and specific rules violated. Violations of rules shall be documented and retained in the client’s case file and in the Kansas Department of Corrections’ case management system.

DEFINITIONS:
None

DISCUSSION:
To ensure fairness and the integrity of the disciplinary process, clients charged with rule violations should receive hearings as soon as possible, unless the hearing is prevented by exceptional circumstances, unavoidable delays, or reasonable postponements. Reasons for all delays should be documented. If the process could result in the transfer of a client to a more restrictive setting, staff may serve as the client’s representative during the hearing.

REFERENCES:
4-ACRS-6C-02